

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

PHOUNG LUONG,¹

Plaintiff,

No. CIV. S-04-CV-1728 PAN

vs.

JO ANNE B. BARNHART,
Commissioner of Social Security,

Defendant.

ORDER

The case is before the undersigned pursuant to 28 U.S.C. § 636(c) (consent to proceed before a magistrate judge). Plaintiff seeks judicial review of a final decision of the Commissioner of Social Security (“Commissioner”) denying an application for Supplemental Security Income (“SSI”) under Title XVI of the Social Security Act (“Act”). For the reasons discussed below, the court will deny plaintiff’s motion for summary judgment or remand and grant the Commissioner’s cross-motion for summary judgment.

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¹The court notes that multiple spellings for plaintiff’s name appear in the record. In briefs to this court, plaintiff appears in the case caption as “Phoung Luong.” Furthermore, this was the spelling offered by her during the March 13, 2002, hearing. However, in many documents prepared or signed by plaintiff, she spells her name “Phuong Luong.”

1 I. Factual and Procedural Background

2 Plaintiff filed her initial claim for SSI on or about August 25, 1995. In a decision
 3 dated October 30, 1997, an ALJ denied the claim. Subsequent to that decision, plaintiff filed a
 4 second application on July 14, 1999, that the ALJ in this case denied on December 18, 2000.
 5 Plaintiff requested a review by the Appeals Council of this second denial on December 27, 2000.
 6 On January 12, 2001, plaintiff filed a third application that resulted in a favorable determination
 7 beginning January 1, 2001. The Appeals Council, upon review of the December 18, 2000,
 8 denial, and in light of the January 2001 granting of benefits, remanded the case to the ALJ for a
 9 determination of whether or not disability existed from the time of the denial of plaintiff's initial
 10 application until the time benefits were ultimately granted. Applying the principle of res judicata
 11 to the initial claim, the relevant period of review for the ALJ upon remand was limited to
 12 November 1998 through December 2000. See Chavez v. Bowen, 844 F.2d 691 (9th Cir. 1988).

13 In a decision dated June 11, 2002, the ALJ determined plaintiff was not disabled
 14 during the period in question.² The ALJ's decision became the final decision of the
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16 ² Disability Insurance Benefits are paid to disabled persons who have contributed to the
 17 Social Security program, 42 U.S.C. § 401 et seq. Supplemental Security Income ("SSI") is paid
 18 to disabled persons with low income. 42 U.S.C. § 1382 et seq. Under both provisions, disability
 19 is defined, in part, as an "inability to engage in any substantial gainful activity" due to "a
 20 medically determinable physical or mental impairment." 42 U.S.C. §§ 423(d)(1)(a) &
 1382c(a)(3)(A). A five-step sequential evaluation governs eligibility for benefits. See 20 C.F.R.
 §§ 423(d)(1)(a), 416.920 & 416.971-76; Bowen v. Yuckert, 482 U.S. 137, 140-42 (1987). The
 following summarizes the sequential evaluation:

21 Step one: Is the claimant engaging in substantial gainful
 activity? If so, the claimant is found not disabled. If not, proceed
 to step two.

22 Step two: Does the claimant have a "severe" impairment?
 If so, proceed to step three. If not, then a finding of not disabled is
 appropriate.

23 Step three: Does the claimant's impairment or combination
 24 of impairments meet or equal an impairment listed in 20 C.F.R., Pt.
 404, Subpt. P, App.1? If so, the claimant is automatically
 determined disabled. If not, proceed to step four.

25 Step four: Is the claimant capable of performing his past
 26 work? If so, the claimant is not disabled. If not, proceed to step

Commissioner when the Appeals Council denied plaintiff's request for review. The ALJ found plaintiff has severe musculoskeletal strain affecting the back, muscle-tension headaches, a depressive disorder and malingering, but that these impairments do not meet or medically equal a listed impairment; the plaintiff has the residual functional capacity to perform the nonexertional requirements of work except for the plaintiff is unable to perform skilled or semiskilled work, but remains capable of performing unskilled work; plaintiff is limited to light work requiring occasional lifting of no more than 25 pounds, frequent lifting of no more than 10 pounds, and walking, standing, and sitting for up to eight hours with normal breaks; jobs exist in the national economy in significant numbers that plaintiff could perform; and plaintiff is not disabled.

Administrative Transcript ("AT") 25. Plaintiff contends the ALJ's finding that the plaintiff and a third-party testifying on her behalf were not credible was not supported by substantial evidence; the ALJ erred by not giving controlling weight to the opinion of the treating physician; and the ALJ improperly relied upon the response of a vocational expert to an incomplete hypothetical question.

II. Standard of Review

The court reviews the Commissioner's decision to determine whether (1) it is based on proper legal standards under 42 U.S.C. § 405(g), and (2) substantial evidence in the record as a whole supports it. Copeland v. Bowen, 861 F.2d 536, 538 (9th Cir. 1988) (citing Desrosiers v. Secretary of Health and Human Services, 846 F.2d 573, 575-76 (9th Cir. 1988)). Substantial evidence means more than a mere scintilla of evidence, but less than a

five.

Step five: Does the claimant have the residual functional capacity to perform any other work? If so, the claimant is not disabled. If not, the claimant is disabled. _____

Lester v. Chater, 81 F.3d 821, 828 n.5 (9th Cir. 1995).

The claimant bears the burden of proof in the first four steps of the sequential evaluation process. Bowen, 482 U.S. at 146 n.5. The Commissioner bears the burden if the sequential evaluation process proceeds to step five. Id.

preponderance. Saelee v. Chater, 94 F.3d 520, 521 (9th Cir. 1996) (citing Sorenson v. Weinberger, 514 F.2d 1112, 1119 n.10 (9th Cir. 1975)). “It means such relevant evidence as a reasonable mind might accept as adequate to support a conclusion.” Richardson v. Perales, 402 U.S. 389, 402, 91 S. Ct. 1420 (1971) (quoting Consolidated Edison Co. v. N.L.R.B., 305 U.S. 197, 229, 59 S. Ct. 206 (1938)). The record as a whole must be considered, Howard v. Heckler, 782 F.2d 1484, 1487 (9th Cir. 1986), and both the evidence that supports and the evidence that detracts from the ALJ’s conclusion weighed. See Jones v. Heckler, 760 F.2d 993, 995 (9th Cir. 1985). The court may not affirm the ALJ’s decision simply by isolating a specific quantum of supporting evidence. Id.; see also Hammock v. Bowen, 879 F.2d 498, 501 (9th Cir. 1989). If substantial evidence supports the administrative findings, or if there is conflicting evidence supporting a finding of either disability or nondisability, the finding of the ALJ is conclusive, see Sprague v. Bowen, 812 F.2d 1226, 1229-30 (9th Cir. 1987), and may be set aside only if an improper legal standard was applied in weighing the evidence, see Burkhart v. Bowen, 856 F.2d 1335, 1338 (9th Cir. 1988).

III. Analysis

a. The ALJ’s Properly Assessed the Credibility of Plaintiff and the Third-Party.

The ALJ determines whether a disability applicant is credible, and the court defers to the ALJ’s discretion if the ALJ used the proper process and provided proper reasons. See, e.g., Saelee v. Chater, 94 F.3d 520, 522 (9th Cir. 1995). If credibility is critical, the ALJ must make an explicit credibility finding. Albalos v. Sullivan, 907 F.2d 871, 873-74 (9th Cir. 1990); Rashad v. Sullivan, 903 F.2d 1229, 1231 (9th Cir. 1990) (requiring explicit credibility finding to be supported by “a specific, cogent reason for the disbelief”).

In evaluating whether subjective complaints are credible, the ALJ should first consider objective medical evidence and then consider other factors. Bunnell v. Sullivan, 947 F.2d 341, 344 (9th Cir. 1991) (en banc). If there is objective medical evidence of an impairment, the ALJ then may consider the nature of the symptoms alleged, including aggravating factors,

1 medication, treatment and functional restrictions. See id. at 345-47. The ALJ also may consider:
2 (1) the applicant's reputation for truthfulness, prior inconsistent statements or other inconsistent
3 testimony, (2) unexplained or inadequately explained failure to seek treatment or to follow a
4 prescribed course of treatment, and (3) the applicant's daily activities. Smolen v. Chater, 80 F.3d
5 1273, 1284 (9th Cir. 1996); see generally SSR 96-7P, 61 FR 34483-01; SSR 95-5P, 60 FR
6 55406-01; SSR 88-13. Work records, physician and third party testimony about nature, severity
7 and effect of symptoms, and inconsistencies between testimony and conduct also may be
8 relevant. Light v. Social Security Administration, 119 F.3d 789, 792 (9th Cir. 1997). A failure
9 to seek treatment for an allegedly debilitating medical problem may be a valid consideration by
10 the ALJ in determining whether the alleged associated pain is not a significant nonexertional
11 impairment. See Flaten v. Secretary of HHS, 44 F.3d 1453, 1464 (9th Cir. 1995). The ALJ
12 may rely, in part, on his or her own observations, see Quang Van Han v. Bowen, 882 F.2d 1453,
13 1458 (9th Cir. 1989), which cannot substitute for medical diagnosis. Marcia v. Sullivan, 900
14 F.2d 172, 177 n.6 (9th Cir. 1990). "Without affirmative evidence showing that the claimant is
15 malingering, the Commissioner's reasons for rejecting the claimant's testimony must be clear
16 and convincing." Morgan v. Commissioner of Social Sec. Admin., 169 F.3d 595, 599 (9th Cir.
17 1999).

18 The ALJ did not err when he found the testimony of plaintiff and the third party,
19 plaintiff's daughter, not credible. AT 23. Specifically, the ALJ reported that the degree of
20 limitation described by the plaintiff and the third party was inconsistent with plaintiff's daily
21 activities and the medical evidence. Id. In making this determination, the ALJ identified several
22 inconsistencies that caused him to discredit the relevant testimony. AT 20. In addition, the ALJ
23 gave great weight to the opinion of Dr. Campos and the multiple inconsistencies about which he
24 testified. AT 22.

25 As it concerned her everyday activities, the ALJ cited numerous inconsistencies
26 that caused him to cast doubt upon plaintiff's credibility. See Morgan, 169 F.3d at 600 (citing

1 contradictions between plaintiff's reported activities and his asserted limitations as a proper basis
2 to assess credibility). The ALJ noted that plaintiff's testimony was that she had no schooling;
3 however, the record indicated she may have had up to a fifth grade education.³ AT 20, 98.
4 Given the fact that plaintiff has been in the country nearly 30 years, and has put four children
5 through the California public schools, such inconsistency cannot be the result of cultural or
6 linguistic misunderstandings.

7 In addition, plaintiff testified that she had no friends. AT 90. However, plaintiff
8 reported to Dr. Joyce on December 4, 2001, that she has no social isolation and occasionally
9 visits with friends. AT 376. This statement was contradicted by testimony from the third party,
10 as well as reports in the record, showing that plaintiff had friends and that she visited them in
11 their home. AT 20, 70, 304, 376. Furthermore, plaintiff testified that she received visits from
12 relatives in her home. AT 90.

13 Plaintiff testified and related to her physicians that she did not go anywhere, nor
14 did she engage in any activities outside the home. She stated that her primary activity was "[j]ust
15 sitting, watching TV." AT 63. However, as noted by the ALJ, this testimony is inconsistent with
16 the evidence in the record showing that plaintiff went shopping with her daughters. AT 64, 71,
17 89, 305. Plaintiff also attended monthly medical appointments. AT 61. In addition, as noted by
18 Dr. Drake, plaintiff traveled to Vietnam sometime prior to January 16, 2001. AT 383.

19 Finally, the medical record contained numerous inconsistencies relating to
20 plaintiff's condition that the ALJ cited in making his credibility determination. Plaintiff gave
21 contradictory reports Dr. Greenleaf and Dr. Drake of her reaction in response to her husband's

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24 ³The ALJ found that plaintiff completed five years of schooling. However, on one form
25 in the record, plaintiff indicated that she completed five years of schooling in 1954. AT 288. It
26 should be noted that this is one year before plaintiff's birth on December 29, 1955, AT 115, 235,
276. Doctors Greenleaf and Joyce note that plaintiff completed 2nd grade.

1 death. AT 22. Not surprisingly, both doctors reached significantly different conclusions about
2 plaintiff's condition.

3 The ALJ found that plaintiff reported to Dr. Ghaemian on April 4, 2002, that she
4 did not suffer from anxiety, or panic episodes. AT 22, 389. However, plaintiff contradicted
5 these statements to Dr. Ghaemian at the hearing, testifying that her health made her "nervous and
6 scared," AT 66; "nervous all the time," AT 67; "nervous and...afraid of the crowd," AT 87; that
7 she was not living a normal life because she was "nervous most of the time," AT 87; and that the
8 nervousness "just came suddenly, making her shake and giving her a headache," AT 88. While
9 the report of Dr. Ghaemian falls outside of the period in question in this case, the contradictions
10 contained therein are relevant to assessing plaintiff's credibility.

11 The ALJ was troubled by the inconsistencies between plaintiff's symptoms, her
12 testimony, and the medical evidence in the record. These inconsistencies caused him to cast
13 doubt on the testimony of the plaintiff and the third party and to discount plaintiff's subjective
14 complaints. AT 94. See Waters v. Gardner, 452, f.2d 855, 858 n.7 (9th Cir. 1971) ("questions of
15 credibility and resolution of conflicts in the testimony are solely the function of the Secretary.")
16 Such inconsistencies are a permissible basis upon which to make a credibility determination and
17 will not be disturbed by this court.

18 b. The ALJ did not Err by Discounting the Opinion of the Treating Physician

19 The weight given to medical opinions depends in part on whether they are
20 proffered by treating, examining, or non-examining professionals. Lester v. Chater, 81 F.3d 821,
21 830 (9th Cir. 1995). Ordinarily, more weight is given to the opinion of a treating professional,
22 who has a greater opportunity to know and observe the patient as an individual. Id.; Smolen v.
23 Chater, 80 F.3d 1273, 1285 (9th Cir. 1996).

24 To evaluate whether an ALJ properly rejected a medical opinion, in addition to
25 considering its source, the court considers whether (1) contradictory opinions are in the record;
26 and (2) clinical findings support the opinions. An ALJ may reject an uncontradicted opinion of a

1 treating or examining medical professional only for “clear and convincing” reasons. Lester, 81
 2 F.3d at 831. In contrast, a contradicted opinion of a treating or examining professional may be
 3 rejected for “specific and legitimate” reasons. Lester, 81 F.3d at 830. While a treating
 4 professional’s opinion generally is accorded superior weight, if it is contradicted by a supported
 5 examining professional’s opinion (supported by different independent clinical findings), the ALJ
 6 may resolve the conflict. Andrews v. Shalala, 53 F.3d 1035, 1041 (9th Cir. 1995) (citing
 7 Magallanes v. Bowen, 881 F.2d 747, 751 (9th Cir. 1989)). In any event, the ALJ need not give
 8 weight to conclusory opinions supported by minimal clinical findings. Meanel v. Apfel, 172
 9 F.3d 1111, 1113 (9th Cir. 1999) (treating physician’s conclusory, minimally supported opinion
 10 rejected); see also Magallanes, 881 F.2d at 751. The opinion of a non-examining professional,
 11 without other evidence, is insufficient to reject the opinion of a treating or examining
 12 professional. Lester, 81 F.3d at 831.

13 While it may seem apparent, the treating physician is the doctor who “treats the
 14 patient.” Lester, 81 F.3d at 830. The treating physician is a “medical source who
 15 provides...medical treatment or evaluation, and who has, or has had, an ongoing treatment
 16 relationship with [the claimant].” 20 C.F.R. § 404.1502. The source may not be one acquired
 17 solely for the purpose of evaluation in order to apply for benefits. Id. The opinion of the treating
 18 physician is given greater weight than the opinion of other examining or non-examining
 19 physicians because of the treating physician’s ability to provide a “detailed, longitudinal picture
 20 of [the claimant’s] medical impairment. 20 C.F.R. § 404.1527(d)(2).

21 In this case, Dr. Drake is a treating physician for plaintiff.⁴ The ALJ found that
 22 Dr. Drake examined plaintiff on two occasions at the request of plaintiff’s attorney and
 23 categorized him as an “examining physician.” AT 18, 21. However, it cannot be said that these
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25 ⁴Dr. Hung Hoang is also cited in plaintiff’s brief as a treating physician. However, other
 26 than references by other physicians, the record is devoid of any direct medical evidence provided
 by Dr. Hoang.

1 examinations were for the sole purpose of applying for benefits because, at the time of
2 examination, plaintiff was without a psychiatrist and treatment continued beyond the
3 examinations requested. In this regard, Dr. Drake assumed responsibility for plaintiff's care and
4 established a long-term relationship with plaintiff with the purpose of treating and improving her
5 condition. See Benton ex rel. Benton v. Barnhart, 331 F.3d 1030 (9th Cir. 2003) (citing
6 favorably the magistrate judge's analysis of what constitutes a treating physician in Ratto v.
7 Sec'y, Dep't of Health and Human Services, 839 F.Supp. 1415, 1425 (D.Or.1993)).
8 Consequently, unless contradicted by the medical evidence and rejected for specific and
9 legitimate reasons, the opinion of Dr. Drake as a treating physician must be afforded the
10 deference required under the law. See Lester, 81 F.3d at 830.⁵

11 The ALJ found specific and legitimate reasons to discount the treating physician's
12 opinion in favor of the contradictory opinion of several examining and non-examining
13 physicians. In discounting Dr. Drake's opinion, and choosing instead to rely heavily on the
14 opinion of Dr. Campos, the non-examining medical expert who testified on remand, as well as
15 the contrary medical opinions of Dr. Greenleaf, Dr. Saddiqui, Dr. Joyce, and Dr. Ghaemian, the
16 ALJ found that Dr. Drake's opinion was based entirely on plaintiff's subjective complaints and
17 departed significantly from the opinions of other doctors. AT 22. The ALJ determined that
18 plaintiff's subjective complaints about her condition were inconsistent and incompatible with her
19 daily activities and discredited them. Id. Consequently, reasoning that garbage in equals garbage
20 out, the ALJ properly found that any reliance on these discredited subsequent complaints by Dr.
21 Drake was necessarily flawed because of the dubious quality of their source. Id.⁶ See Webb v.
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23 ⁵Even if the court were to find that Dr. Drake is only an examining physician, rejection of
24 his contradicted opinion in favor of a non-examining physician would still require "specific and
25 legitimate" reasons supported by substantial evidence. Andrews v. Shalala, 53 F.3d 1035, 1043
(9th Cir. 1995).

26 ⁶While the ALJ commented that Dr. Drake "examined [plaintiff] on two occasions on the
request of [plaintiff's] attorney," AT 18, the court finds no evidence that the ALJ improperly

1 Barnhart, 433 F.3d 683 (9th Cir. 2005) (holding that, when presented with conflicting medical
2 evidence, the plaintiff's credibility and her subjective complaint bear on the evaluation of
3 medical evidence); see also Batson v. Comm'r of Soc. Sec. Adm'n, 359 F.3d 1190, 1195 (9th
4 Cir. 2004).

5 In addition to questioning plaintiff's credibility and the conclusions subsequently
6 drawn by Dr. Drake, the ALJ cited multiple contradictory opinions in the record. See Magallanes
7 v. Bowen, 881 F.2d 747 (9th Cir. 1989) (upholding ALJ's findings contrary to treating
8 physician's opinion because of multiple contrary opinions and inconsistent testimony by
9 plaintiff). The ALJ determined that Dr. Drake was the only physician who found plaintiff's
10 severe depression credible and who diagnosed that she was disabled in accordance with the
11 criteria of 12.04. AT 21-22. However, on December 10, 1999, examining psychiatrist Dr.
12 Greenleaf found only "mild depression and some cognitive deficits." AT 323. This opinion is
13 consistent with those that had been registered by previous doctors prior and subsequent to the
14 period in question.

15 The ALJ properly discounted Dr. Drake's opinion because of the quality of the
16 information upon which it was based. Furthermore, the ALJ properly determined that the
17 multiple contrary opinions of other physicians cast doubt upon Dr. Drake's findings. This
18 abundant contrary medical evidence, in conjunction with the specific concerns about credibility,
19 is sufficient to uphold the ALJ's decision to favor the examining and non-examining physicians'
20 opinions over the treating physician's.

21 c. The ALJ's Hypothetical to the Vocational Expert was Complete and Supported by
22 Substantial Evidence in the Record.

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24 discredited Dr. Drake because this relationship. The purpose for which a medical opinion is
25 solicited does not provide a legitimate basis to reject that opinion. Lester, 81 F. 3d at 832; but
26 see Burkhart v. Bowen, 856 F.2d 1335 (9th Cir. 1988) (permitting credibility determination
based upon the fact that doctor was hired to solicit a medical opinion). There is no evidence in
the record that Dr. Drake's opinion was affected by his relationship with plaintiff or her attorney.

1 Hypothetical questions posed to a vocational expert (VE) must set out all the
2 substantial, supported limitations and restrictions of the particular claimant. Magallanes, 881
3 F.2d at 756. If a hypothetical does not reflect all the claimant's limitations, the expert's
4 testimony as to jobs in the national economy the claimant can perform has no evidentiary value.
5 DeLorme v. Sullivan, 924 F.2d 841, 850 (9th Cir. 1991). While the ALJ may pose to the expert a
6 range of hypothetical questions, based on alternate interpretations of the evidence, the
7 hypothetical that ultimately serves as the basis for the ALJ's determination must be supported by
8 substantial evidence in the record as a whole. Embrey v. Bowen, 849 F.2d 418, 422-23 (9th Cir.
9 1988).

10 In his hypothetical to the VE, the ALJ described plaintiff's questionable reliability
11 and cooperation, as well as her depressive disorder. He asked the VE to assume the plaintiff was
12 a person in fair condition who could lift 25 pounds occasionally and 10 pounds frequently, and
13 who could walk, stand, or sit for eight hours with appropriate breaks. Furthermore, the ALJ
14 asked the VE to assume plaintiff could perform only unskilled jobs. Unskilled work is defined as
15 "work which needs little or no judgment to do simple duties that can be learned on the job in a
16 short period of time." 20 C.F.R. 404.1568(a). In cross-examination, plaintiff's representative
17 included plaintiff's lack of language skills in the analysis. AT 110.

18 The VE responded that several jobs existed in sufficient numbers in the national
19 economy that plaintiff could perform. The jobs identified by the VE with the lowest language
20 requirement included nut sorter, agricultural sorter, and assembler for small products. A job
21 identified by the VE with a higher language requirement included cannery worker.

22 Contradictory opinions of the extent of plaintiff's limitations exist in the record.
23 However, the hypothetical upon which the ALJ ultimately relied is supported by substantial
24 evidence. Plaintiff presented multiple scenarios to the ALJ that addressed a number of her
25 alleged limitations. However, as noted above, the ALJ did not credit these limitation nor the
26 medical opinion of Dr. Drake. The ALJ chose to rely instead on the testimony of Dr. Campos, as

1 well as the other physicians who diagnosed only mild to moderate limitations. Substantial
2 evidence in the record supported such a choice and the hypothetical that flowed from it.

3 The ALJ properly determined the extent of the hypothetical based upon the
4 medical evidence supported in the record. See Kornock v. Harris, 648 F.2d 525, 527 (9th Cir.
5 1980). The ALJ's limitation of the hypothetical to those factual suppositions supported by
6 substantial evidence in the record, and his exclusion of those that were contrary, is not
7 objectionable. See Sample v. Schweiker, 694 F.2d 639 (9th Cir. 1982). The hypothetical
8 utilized by the ALJ to form his opinion was not in error.

9 The ALJ's decision is fully supported by substantial evidence in the record and
10 based on the proper legal standards. Accordingly, IT IS HEREBY ORDERED that:

- 11 1. Plaintiff's motion for summary judgment or remand is denied,
- 12 2. The Commissioner's cross-motion for summary judgment is granted, and
- 13 3. Plaintiff's motion for EAJA fees is denied as moot.

14 DATED: April 27, 2006.

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17 UNITED STATES MAGISTRATE JUDGE

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